

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FAX RECEIVED

Application of

JAN 17 2003

Applicant : Craig S. Chamberlain, et al.
Prior Application Serial No. : 09/358,738
Filed : July 21, 1999
Title : METHOD FOR MEASURING STRESS LEVELS IN
POLYMERIC COMPOSITIONS
Examiner : Jan M. Ludlow
Group Art Unit : 1743
Docket : 53321USA1A (MNN026PA)

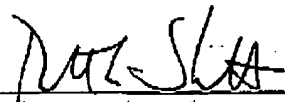
GROUP 1700

Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the attached Continued Prosecution Application (CPA) Request Transmittal, Preliminary Amendment, and Receipt for Facsimile Transmitted CPA are being facsimile transmitted to the Patent and Trademark Office on January 17, 2003.

OFFICIAL


Robert L. Showalter
Reg. #33,579

PTO/SB/29 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (j))		20 -20* =	0	x \$ _____ =	\$ 0
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))		5 -3** =	2	x \$ 84 =	168
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ 0 =	0
				BASIC FEE (37 CFR 1.18)	750
				Total of above Calculations =	918
				Reduction by 50% for filing by small entity (Note 37 CFR 1.27).	
				* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.	
				TOTAL =	918

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 2164:

a. ☒ Fees required under 37 CFR 1.16.

b. ☐ Fees required under 37 CFR 1.17.

c. ☐ Fees required under 37 CFR 1.18.

8. ☐ A check in the amount of \$ _____ is enclosed.

9. ☐ Payment by credit card. Form PTO-2038 is attached.

10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.

11. ☐ New Attorney Docket Number, if desired _____
(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)

12. a. ☒ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)

b. ☐ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

13. ☒ Other: Certificate of Facsimile Transmission

NOTE

The prior application's correspondence address will carryover to this CPA UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Labelor ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Robert L. Showalter
Signature	<i>[Signature]</i>
Registration No. (Attorney/Agent)	13579
Date	1/17/03

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